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The Developmental Progress
of
Infants and Young Children

By MARY D. SHERIDAN, M.A., M.D., D.C.H.



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PREFACE

Within recent years our attitude to seriously handicapped children has greatly changed. One of the principal reasons for this is that we have begun to learn how much more can be done to help such children to overcome or circumvent their disabilities than was previously thought possible. This, in turn, is creating in the profession a desire to know more about the stepping stones of development in the very young so as to be able to keep under intelligent review the progress of a child suspected of being retarded in any way. The aim is to assist parents and others concerned to begin compensatory training of such a child as soon as the disability can be defined.

It is for this reason that it has been thought desirable to publish the following contribution by Dr. Mary Sheridan of this Department, who has made an extensive study of development in early childhood.

The contribution is in two parts; (a) an explanatory section, followed by (b) a description, in chart form, of the behaviour of young children at significant ages up to five years. Embodied in the charts are references to the tests employed to evoke certain of the responses which are used to assess the degree of development attained.

Though the testing procedures are designed to, and indeed do, provide a useful means of assessing the performance of an individual baby on any given occasion their limitations, as Dr. Sheridan emphasises, should not be overlooked. Repeated at suitable intervals they constitute a valuable record of his development but they should always be interpreted with caution. They cannot be relied upon to predict the child's future performance or, even more unwisely, his ultimate mental level. This latter requires repeated testing and assessment over a considerable period of time until the limit of the child's mental capacity is reached.

The handicapped baby, above all others, needs affectionate individual care and the opportunity to develop at his own tempo in the security of his own home until he has passed the critical years of early childhood or outgrown his family's ability to care for him. Throughout these early years the parents will need the continual encouragement and support of their family doctor and of the medico-social services. Study of the following pages should assist the parents' professional advisers to fulfil their role with knowledge and understanding.

JOHN A. CHARLES.

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THE DEVELOPMENTAL PROGRESS OF INFANTS AND YOUNG CHILDREN

THEIR is general agreement that the younger the age at which children with physical, mental or emotional disabilities are discovered and fully assessed the more hopeful is the prognosis for recovery or habilitation. Case-finding depends upon the recognition of the earliest signs of deviation from normal development. Hence it is essential that all medical practitioners who deal with children should be familiar with the accepted "milestones" (or perhaps more suitably "steppingstones") of development.

Origin of the Chart

The work epitomised in the accompanying chart has been in progress over 20 years and still continues. Intended for personal use in connection with a piece of research into the development of vision, hearing and speech in young children, it was originally based on a medley of tests, which did not necessitate special equipment. These were selected from the developmental testing-scales available during the 1930s, principally Gesell (1925 and 1938), Stutsman (1931), Bühler (1935), Doll (1935), and later Cattell (1940) for those under two years of age and the various Binet-type scales for those over two years of age. It soon became obvious, however, that these scales did not always agree among themselves, and that none of them provided the graded tests for visual and auditory acuity required for the research in hand; nor was it easy to derive from them the means of detecting early signs of unstable personality and social maladjustment, which were also needed. As psychologists the authors have been chiefly interested in designing scales with which to estimate and record a mathematical quotient of some kind, whereas the investigations then in progress were mainly concerned with attempting to discover testing procedures which would assist earlier paediatric diagnosis and clinical management. It therefore became necessary to evolve a number of new tests and to modify some of the existing ones. The task proved longer and more laborious than was first anticipated.

Available Developmental Testing Scales

During the years that this work has been in progress much further knowledge of child development has accumulated. All subsequent workers in Europe and America owe an outstanding debt to Gesell. The final version of his scale was published in 1947. In Britain, Illingworth (1953), (1960) has been the chief exponent of Gesell's teaching. He has also published a number of valuable papers on early diagnosis and follow-up. Griffiths (1954) has designed an ability test for infants under two years, composed of five sub-scales and standardised on British children, which is now widely used. Both these scales demand special equipment and controlled conditions of application. Examiners

require a course of training to use and interpret them correctly. These or similar scales now available, should be employed whenever refined assessment of the child's powers of locomotion, manipulation and general intelligence is desirable.

Use of the Present Chart

The chart which follows is not intended to produce a quotient of any sort. Controlled sampling and statistical evaluation of the testing situations and procedures have not been possible. Moreover, the tests are still under constant review. In their present form some of them have been applied to scores of children and others to thousands. Working mainly during free periods in baby clinics, nurseries, schools and hospital wards, it was not possible to carry out sustained and complicated procedures which necessitated elaborate equipment or laboratory conditions. Hence, apart from the vision and hearing tests, which are standardised for distance and duration and which demand a number of special toys, pictures and letter cards, the procedures require only a minimum amount of common play material and can be applied in any reasonably-sized, quiet, well-lighted room. They call for an open mind, an observant eye, an attentive ear and considerable experience in the handling of young children. They also need a certain amount of practice before their full potentialities become apparent.

In order to elicit as much information as they are capable of producing and to prevent invalidation of results due to inexpert application or uninformed interpretation, it is important that the medical examiner should himself observe and record the child's behaviour in the various testing situations. The manner of the child's response is often more illuminating than the mere fact of his ability to respond. Although the mother's presence is usually desirable she should be warned not to participate in the proceedings unless her assistance is requested. Her report of the child's response in every-day situations should always be treated with respect and carefully recorded, particularly if she voices any suspicion that his reactions are abnormal, but the fact that this is hearsay evidence and not personal observation should be noted.

Recording

It need hardly be said that the usual history-taking and medical examination must accompany the application of these developmental screening tests. The experienced examiner will appreciate that certain modifying factors must be taken into account in making his assessment. For instance, allowance needs to be made for premature birth or recent illness; for over-distractability due to excitement; for timidity or anxiety for grief following separation from his family; also for the nature of the child's home environment, and his opportunities to learn from experience. The words "pass" and "fail" are inappropriate. The child is judged to respond, or not to respond, to the various testing procedures in the manner that might reasonably be expected of the average healthy and contented child of his chronological age. Few children will respond to every item listed during a single examination and many who subsequently prove to have average abilities will respond at earlier or later ages than those indicated. A useful working rule is to expect a positive response

to approximately two-thirds of the items listed in each of the four separate sections for children in his age group. This result may be considered to indicate "average" functioning in these particular abilities and also in the child's general understanding. If the child also responds to half the testing situations listed for the next older age, his performance may be recorded as "above average". If he responds only to the procedures listed for the next younger group he may be recorded as "below average". With increasing experience in applying the tests the examiner may find it more useful to record his general and particular assessments on a 5-point scale, i.e., very good, good, average, fair, poor.

It is important to remember that even the most sensitive testing-scales provide evidence of the child's condition on the day of examination only. A firm diagnosis can never safely be made on the basis of a single examination, although clinical impression, e.g., of motor disability, deafness or mental retardation, may be strong enough to prompt immediate referral for appropriate consultant opinion. Repeated at regular intervals, the tests provide a useful means of assessing and recording developmental progress. Nevertheless, even the results of serial tests applied to infants and young children must be treated with caution. It is dangerous to regard them as capable of reliably predicting future physical or intellectual status.

Within these limitations the chart offers to medical practitioners, in plain words and tabulated form, information derived from many years' observation of normal and handicapped young children, in the hope that they may find it helpful in assessing the progress of normal children, in the earlier detection of physical disability, mental retardation and social maladjustment, and in the guidance of parents and others concerned with the care and management of young handicapped children in the community.

Note.—The special tests for hearing and vision, noted in square brackets, have been described elsewhere (Sheridan, 1958 and 1960). The material required can be obtained from the National Foundation for Educational Research, 79, Wimpole Street, London, W.1.

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AGE	POSTURE AND LARGE MOVEMENTS	VISION AND FINE MOVEMENTS
1 month	<p>Lies on back with head to one side; arm on same side outstretched, or both arms flexed; legs flexed, knees apart, soles of feet turned inwards.</p> <p>Large jerky movements of limbs, arms more active than legs.</p> <p>At rest, hands closed and thumb turned in. Fingers and toes fan out during extensor movements of limbs.</p> <p>When cheek touched, turns to same side; ear touched, turns away.</p> <p>When lifted head falls loosely.</p> <p>Held sitting, head falls forward, with back in one complete curve.</p> <p>Placed downwards on face, head immediately turns to side; arms and legs flexed under body, buttocks humped up.</p> <p>Held standing on hard surface, presses down feet and often makes reflex "stepping" movements.</p>	<p>Stares expressionlessly at brightness of window or blank wall.</p> <p>Shuts eyes tightly when pencil light shone directly into them at 1-2 inches.</p> <p>Follows pencil flash-lamp briefly with eyes at one foot.</p> <p>Notices dangling toy or rattle shaken in line of vision at 4-6 inches and follows its movement with eyes from side towards mid-line through approximately quarter circle, before head falls back to side.</p> <p>Beginning to watch mother's nearby face when she feeds or talks to him.</p>
3 months	<p>Now prefers to lie on back with head in mid-line.</p> <p>Limbs more pliable, movements smoother and more continuous.</p> <p>Waves arms symmetrically. Hands now loosely open.</p> <p>Brings hands from side into mid-line over chest or chin.</p> <p>Kicks vigorously, legs alternating or occasionally together.</p> <p>Held sitting, holds back straight, except in lumbar region, with head held erect and steady for several seconds before bobbing forwards.</p> <p>Placed downwards on face lifts head and upper chest well up in mid-line, using forearms as support, and often scratching at table surface; legs straight, buttocks flat.</p> <p>Held standing with feet on hard surface, sags at knees.</p>	<p>Visually very alert, particularly preoccupied by nearby human face.</p> <p>Moves head deliberately to look around him.</p> <p>Follows adult's movements near cot.</p> <p>Follows rattle or dangling toy at 6-10 inches through half circle from side to side, and usually also vertically from chest to brow.</p> <p>Watches movements of own hands before face and beginning to clasp and unclasp hands together.</p> <p>Recognises feeding bottle and makes eager welcoming movements as it approaches his face.</p> <p>Regards still objects within 6-10 inches for more than a second or two, but seldom able to fixate continuously.</p>
6 months	<p>Lying on back. Lifts up head from pillow. Sits with support in cot or pram and turns head from side to side to look around him. Moves arms in brisk purposeful fashion and holds them up to be lifted.</p> <p>When hands grasped, pulls himself up.</p> <p>Kicks strongly, legs alternating.</p> <p>Can roll over.</p> <p>Held sitting, head is firmly erect, and back straight.</p> <p>Placed downwards on face lifts head and chest well up supporting himself on extended arms.</p> <p>Held standing with feet touching hard surface bounces up and down actively.</p>	<p>Visually insatiable: moves head and eyes eagerly in every direction.</p> <p>Follows adult's movements across room. Immediately fixates interesting small objects within 6-12 inches (e.g. toy, bell, wooden cube, spoon, sweet) and stretches out both hands to grasp them.</p> <p>Uses whole hand in palmar grasp.</p> <p>When toys fall from hand searches vaguely round cot with eyes and patting hands.</p>

Startled by sudden loud noises, stiffens, quivers, blinks, screws eyes up, extends limbs and may cry. Movements momentarily "frozen", when small bell rung gently 3-5 inches from ear for 3-5 secs. with 5 secs. pauses: may move eyes towards sound. Stops whimpering to sound of near-by soothing human voice, but not when screaming or feeding. Cries lustily when hungry or uncomfortable. Utters little guttural noises when content. (Note.—Deaf babies also cry and vocalise in this reflex way, but if very deaf will not show startle reflex to sudden noise.)

Sudden loud noises still distress, provoking blinking, screwing up of eyes, cry and turning away. Definite quietening or smiling to sound of mother's voice before she touches him, but not when screaming. Vocalises when spoken to or pleased. Cries when uncomfortable or annoyed. Quiets to rattle of spoon in cup or to bell rung gently out of sight for 3-5 secs. at 6-12 inches from ear. May turn eyes towards sound; brows may wrinkle and eyes dilate, may move head from side to side as if searching vaguely for sound. Often licks lips in response to sounds of preparation for feeding. Shows excitement at sound of approaching footsteps, running bath water, etc. (Note.—Deaf baby, instead, may be obviously startled by M's sudden appearance beside cot.)

Turns immediately to mother's voice across room. Vocalises tunefully, using single syllables, e.g., ka, muh, goo, der. Laughs, chuckles and squeals aloud in play. Screams with annoyance. Shows evidence of response to different emotional tones of mother's voice. Responds to baby hearing tests at 1½ feet from each ear by correct visual localisation, but may show slightly delayed response. [Tests employed—voice, rattle, cup and spoons, paper, bell; 2 secs. with 2 secs. pause].

Sucks well. Sleeps most of the time when not being fed or handled. Expression vague, but tending to become more alert, progressing to smiling at about 6 weeks. Hands normally closed, but if opened grasps E's finger when palm is touched. Stops crying when picked up. Mother supports head when carrying, dressing and bathing.

Fixes eyes unblinkingly on mother's face when feeding. Beginning to react to familiar situations—showing by smiles, coos, and excited movement that he recognises preparations for feeds, baths, etc. Responds with obvious pleasure to friendly handling, especially when accompanied by playful tickling and vocal sounds. Holds rattle for few moments when placed in hand, but seldom capable of regarding it at same time. Mother supports at shoulders when dressing and bathing.

Hands competent to reach for and grasp small toys. Most often uses a two-handed, scooping-in approach, but occasionally a single hand. Takes everything to mouth. Beginning to find feet interesting and even useful in grasping. Puts hands to bottle and pats it when feeding. Shakes rattle deliberately to make it sound, often regarding it closely at same time. Still friendly with strangers but occasionally shows some shyness or even slight anxiety.

AGE	POSTURE AND LARGE MOVEMENTS	VISION AND FINE MOVEMENTS
9 months	<p>Sits alone for 10-15 minutes on floor. Can turn body to look sideways while stretching out to grasp dangling toy. Arms and legs very active in cot, pram and bath.</p> <p>Progresses by rolling or squirming. Attempts to crawl.</p> <p>Can stand holding on to support for a few moments, but cannot lower himself. Held standing, steps purposefully on alternate feet.</p>	<p>Stretches out, one hand leading, to grasp small objects immediately on catching sight of them.</p> <p>Manipulates objects with lively interest, passing from hand to hand, turning over, etc.</p> <p>Pokes at small sweet with index finger. Grasps between finger and thumb in scissor fashion.</p> <p>Can release toy against firm surface, but cannot yet drop voluntarily.</p> <p>Looks after toys falling over edge of pram or table.</p> <p>Watches activities of adults, children and animals within 10-12 feet with eager interest for several seconds at a time.</p>
12 months	<p>Sits well and for indefinite time. Can rise to sitting position from lying down.</p> <p>Crawls rapidly on all fours. Pulls to standing and lets himself down again holding on to furniture.</p> <p>Walks round furniture stepping sideways. Walks with one or both hands held. May stand alone for a few moments.</p>	<p>Picks up small objects, e.g. blocks, string, sweets and crumbs, with precise pincer grasp of thumb and index finger.</p> <p>Drops toys deliberately and watches them fall to ground.</p> <p>Points with index finger at objects he wants to handle or which interest him.</p> <p>Watches small toy pulled along floor across room 10 feet away.</p> <p>Out of doors watches movements of people, animals, motor cars, etc., with prolonged intent regard.</p> <p>Recognises familiar approaching from 20 feet or more away.</p> <p>Uses both hands freely, but may show preference for one.</p>
15 months	<p>Walks unsteadily with feet wide apart, arms slightly flexed and held above head or at shoulder level to balance.</p> <p>Stands alone, but frequently stopped by falling or bumping into furniture.</p> <p>Lets himself down from standing to sitting by collapsing backwards with bump, or occasionally by falling forward on hands and then back to sitting.</p> <p>Can get to feet alone.</p> <p>Crawls upstairs.</p> <p>Kneels unaided or with slight support on floor and in pram, cot and bath.</p>	<p>Picks up string, small sweets and crumbs neatly between thumb and finger.</p> <p>Builds tower of two cubes after demonstration.</p> <p>Grasps crayon and imitates scribble after demonstration.</p> <p>Looks with interest at pictures in book and pats page.</p> <p>Follows with eyes path of cube or small toy, swept vigorously from table.</p> <p>Watches small toy pulled along table or floor at 12 feet.</p> <p>Points imperiously to objects he wishes to be given.</p> <p>Stands at window and watches events outside intently for several minutes.</p>

Vocalises deliberately as means of inter-personal communication.
 Shouts to attract attention, listens, then shouts again.
 Babbles tunefully, repeating syllables in strings (mam-mam, bab-bab, dad-dad, etc.)
 Understands "No-No"; and "Bye-Bye".
 Tries to imitate adults' playful vocal sounds, e.g. smacking lips, cough, brr, etc.
 [Immediate localising response to baby hearing tests at 3 feet from ear].

Holds, bites and chews biscuit.
 Puts hands round bottle or cup when feeding.
 Tries to grasp spoon when being fed.
 Throws body back and stiffens in annoyance or resistance.
 Clearly distinguishes strangers from familiar, and requires reassurance before accepting their advances. Clings to known adult and hides face.
 Still takes everything to mouth.
 Seizes bell in one hand. Imitates ringing action, waving or banging it on table.
 Plays peek-a-boo.
 Shows toy held in hand to adult but cannot give. Mother supports at lower spine when dressing.

Knows and immediately turns to own name.
 Babbles loudly, tunefully and incessantly.
 Shows by suitable movements and behaviour that he understands several words in usual context, (e.g. own and family names, walk, dinner, pussy),
 Comprehends simple commands associated with gesture, (give it to me. Come to Mummy. Say bye-bye, etc.)
 Imitates adult's playful vocalisations with gleeful enthusiasm.
 [Immediate response to baby tests at 3-4½ feet].

Drinks from cup with little assistance.
 Holds spoon but cannot use it alone.
 Helps with dressing by holding out arm for sleeve and foot for shoe.
 Takes objects to mouth less often.
 Ceasing to drool.
 Puts wooden cubes in and out of cup or box.
 Rattles spoon in cup in imitation.
 Seizes bell by handle and pokes clapper. Rings briskly in imitation.
 Listens with obvious pleasure to sound and repeats.
 Gives toys to adult on request and sometimes spontaneously.
 Likes to be constantly within sight and hearing of adult.
 Demonstrates affection to familiar, Waves "bye-bye" and claps hands in imitation.
 C. sits, or sometimes stands without support while M. dresses.

Jabbers loudly and freely, using wide range of inflections and phonetic units.
 Speaks 2-6 recognisable words and understands many more.
 Vocalises wishes and needs at table.
 Points to familiar persons, animals, toys, etc. when requested.
 Understands and obeys simple commands (e.g. shut the door. Give me ball. Get your shoes).
 [Baby tests 4½-6 feet].

Holds cup when adult gives and takes back.
 Holds spoon, brings it to mouth and licks it, but cannot prevent its turning over. Chews well.
 Helps more constructively with dressing.
 Indicates when he has wet pants.
 Pushes large wheeled toy with handle on level ground.
 Seldom takes toys to mouth.
 Repeatedly casts objects to floor in play or rejection.
 Physically restless and intensely curious.
 Emotionally labile.
 Closely dependent upon adult's reassuring presence.
 Needs constant supervision to protect from dangers of extended exploration and exploitation of environment.

AGE	POSTURE AND LARGE MOVEMENTS	VISION AND FINE MOVEMENTS
18 months	<p>Walks well with feet only slightly apart, starts and stops safely.</p> <p>Runs stiffly upright, eyes fixed on ground 1-2 yards ahead, but cannot continue round obstacles.</p> <p>Pushes and pulls large toys, boxes, etc., round floor.</p> <p>Can carry large doll or teddy-bear while walking.</p> <p>Backs into small chair or slides in sideways.</p> <p>Climbs forwards into adult's chair then turns round and sits.</p> <p>Walks upstairs with helping hand.</p> <p>Creeps backwards downstairs. Occasionally bumps down a few steps on buttocks facing forwards.</p> <p>Picks up toy from floor without falling.</p>	<p>Picks up small sweets, beads, pins, threads, etc., immediately on sight, with delicate pincer grasp.</p> <p>Spontaneous scribble when given pencil and paper, using preferred hand.</p> <p>Builds tower of three cubes after demonstration.</p> <p>Enjoys simple picture book, often recognising and putting finger on coloured items on page.</p> <p>Fixes eyes on small dangling toy at 10 feet. (May tolerate this test with each eye separately.)</p> <p>Watches golf ball rolled across room at 12-15 feet.</p> <p>Points to distant interesting objects out of doors.</p> <p>Beginning to show definite preference for using one hand.</p> <p>[Possibly recognises special miniature toys at 10 feet.]</p>
2 years	<p>Runs safely on whole foot, stopping and starting with ease and avoiding obstacles.</p> <p>Squats to rest or to play with object on ground and rises to feet without using hands.</p> <p>Pulls toy by cord.</p> <p>Climbs on furniture to look out of window or open doors, etc., and can get down again.</p> <p>Walks upstairs and down holding on to rail or wall: two feet to a step.</p> <p>Throws small ball without falling.</p> <p>Walks into large ball when trying to kick it.</p>	<p>Picks up pins and thread, etc., neatly and quickly.</p> <p>Removes paper wrapping from small sweet.</p> <p>Builds tower of six cubes.</p> <p>Spontaneous circular scribble and dots when given paper and pencil.</p> <p>Imitates vertical line (and sometimes V)</p> <p>Enjoys picture books, recognising fine details in favourite pictures.</p> <p>Recognises familiar adults in photograph after once shown.</p> <p>Handedness usually well developed.</p> <p>[Immediately catches sight of, and names special miniature toys at 10 feet distance. Will now usually tolerate this test with each eye separately.]</p>
2½ years	<p>Walks upstairs alone, but downstairs holding rail, two feet to step.</p> <p>Runs well straight forward and climbs easy nursery apparatus.</p> <p>Pushes and pulls large toys skilfully, but has difficulty in steering them round obstacles.</p> <p>Jumps with two feet together.</p> <p>Can stand on tip-toe if shown.</p> <p>Kicks large ball.</p>	<p>Picks up pins, threads, etc., with each eye covered separately.</p> <p>Builds tower of seven cubes.</p> <p>Recognises minute details in picture books.</p> <p>Imitates horizontal line and circle (also usually T and V).</p> <p>Recognises miniature toys at 10 feet with each eye separately.</p> <p>Recognises himself in photographs when once shown.</p> <p>[May also match special single letter-cards V O T H at 10 feet.]</p>

Continues to jabber tunefully to himself at play. Uses 6-20 recognisable words. Echoes prominent or last word addressed to him Demands desired objects by pointing, accompanied by loud, urgent vocalisations or words. Enjoys nursery rhymes and tries to join in. Attempts to sing. Shows his own or doll's hair, shoe, nose. [Possibly special 5 toy test. Possibly 4 animals picture test].	Lifts and holds cup between both hands. Drinks without much spilling. Hands cup back to adult. Holds spoon and gets food to mouth. Takes off shoes, socks, hat. Indicates toilet needs by restlessness and vocalisation. Bowel control usually attained. Explores environment energetically. No longer takes toys to mouth. Casts objects to floor in play or anger less often. Briefly imitates simple actions e.g. reading book, kissing doll. Plays contentedly alone, but likes to be near adult. Emotionally still very dependent upon familiar adult. Alternates between clinging and resistance.
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Uses 50 or more recognisable words. Puts 2 or more words together to form simple sentences. Refers to himself by name. Talks to himself continually as he plays. Echolalia almost constant, with one or more stressed words repeated. Constantly asking names of objects. Joins in nursery rhymes and songs. Shows and repeats hair, hand, feet, nose, eyes, mouth, shoe. [6 toy test, 4 animals picture test].	Lifts and drinks from cup and replaces on table. Spoon-feeds without spilling. Asks for food and drink. Chews competently. Puts on hat and shoes. Verbalises toilet needs in reasonable time. Dry during day. Turns door handles. Often runs outside. Follows adult round house and copies domestic activities in simultaneous play. Constantly demanding adult's attention. Clings tightly in affection, fatigue or fear. Tantrums when frustrated but attention easily distracted. Defends own possessions with determination (as yet no idea of sharing). Plays near other children but not with them. Jealous of attention shown to other children.
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Uses 200 or more recognisable words but speech shows numerous infantilisms. Knows full name. Talks intelligibly to himself at play concerning events happening here and now. Echolalia persists. Continually asking questions beginning "What?", "Where?". Uses pronouns, I, me and you. Stuttering in eagerness common. Says a few nursery rhymes. Enjoys simple familiar stories read from picture book. [6 toy test, 4 animals picture test, 1st cube test. Full doll vocabulary].	Eats skilfully with spoon and may use fork. Pulls down pants or knickers at toilet, but seldom able to replace. Dry through night if lifted. Very active, restless and rebellious. Throws violent tantrums when thwarted and is less easily distracted. Emotionally still very dependent upon adult. Prolonged domestic make-believe play (putting dolls to bed, washing clothes, driving motor-cars, etc.) but with frequent reference to adult. Watches other children at play interestedly and occasionally joins in for a few minutes, but little notion of sharing playthings or adult's attention.
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3 years	<ul style="list-style-type: none"> Walks alone upstairs with alternating feet and downstairs with two feet to step. Usually jumps from bottom step. Climbs nursery apparatus with agility. Can turn round obstacles and corners while running and also while pushing and pulling large toys. Rides tricycle and can turn wide corners on it. Can walk on tiptoe. Stands momentarily on one foot when shown. Sits with feet crossed at ankles. 	<ul style="list-style-type: none"> Picks up pins, threads, etc., with each eye covered separately. Builds tower of nine cubes, and bridge of three from model. Can close fist and wiggle thumb in imitation, R. and L. Copies circle (also V, H, T). Draws man with head and usually indication of one other part. Matches two or three primary colours (usually red and yellow correct, but may confuse blue and green). Paints with large brush on easel. Cuts with scissors. [Recognises special miniature toys at 10 feet. Performs single-letter vision test at 10 feet. Five letters.]
	<ul style="list-style-type: none"> Turns sharp corners running, pushing and pulling. Walks alone up and down stairs, one foot per step. Climbs ladders and trees. Can run on tiptoe. Expert rider of tricycle. Hops on one foot. Stands on one foot 3-5 secs. Arranges or picks up objects from floor by bending from waist with knees extended. 	<ul style="list-style-type: none"> Builds three steps with six cubes after demonstration. Imitates spreading of hand and bringing thumb into opposition with each finger in turn, R. and L. Copies cross (also V, H, T, O). Draws man with head and legs and also trunk or features. Matches four primary colours correctly. [Single-letter vision test at 10 feet, seven letters: also near chart to bottom.]
	<ul style="list-style-type: none"> Runs lightly on toes. Active and skilful in climbing, sliding, swinging, digging and various "stunts". Skips on alternate feet. Dances to music. Can stand on one foot 8-10 secs. Can hop 2-3 yards forwards on each foot separately. Grips strongly with either hand. 	<ul style="list-style-type: none"> Builds three steps with six cubes from model. Copies square and triangle (also letters: V, T, H, O, X, L, A, C, U, Y). Writes a few letters spontaneously. Draws recognisable man with head, trunk, legs, arms and features. Draws simple house with door, windows, roof and chimney. Counts fingers on one hand with index finger of other. Names four primary colours and matches 10 or 12 colours. [Full nine letter vision chart at 20 feet and near test to bottom.]

Large intelligible vocabulary but speech still shows many infantile phonetic substitutions. Gives full name and sex. Uses plurals and pronouns. Still talks to himself in long monologues mostly concerned with the immediate present, including make-believe activities. Carries on simple conversations, and verbalises past experiences. Asks many questions beginning "What?", "Where?", "Who?". Listens eagerly to stories and demands favourites over and over again. Knows several nursery rhymes. [7 toy test, 4 animals picture test, 1st or 2nd cube test.]	Eats with fork and spoon. Washes hands, but needs supervision in drying. Can pull pants and knickers down and up, but needs help with buttons. Dry through night. General behaviour more amenable. Affectionate and confiding. Likes to help with adult's activities in house and garden. Vividly realised make-believe play including invented people and objects. Enjoys floor play with bricks, boxes, toy trains and cars. Joins in play with other children. Understands sharing playthings, sweets, etc. Shows affection for younger siblings.
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Speech shows only a few infantile substitutions usually p/t/th/f/s and r/l/w/y groups. Gives connected account of recent events and experiences. Gives home address and (usually) age. Eternally asking questions "Why?", "When?", "How?" and meanings of words. Listens to and tells long stories sometimes confusing fact and fantasy. [7 toy test, 1st picture voc. test, 2nd cube test.]	Eats skilfully with spoon and fork. Washes and dries hands. Brushes teeth. Can undress and dress except for back buttons, laces and ties. General behaviour self-willed. Inclined to verbal impertinence when wishes crossed. Strongly dramatic play and dressing-up favoured Constructive out-of-doors building with any large material to hand. Needs other children to play with and is alternately co-operative and aggressive with them as with adults. Understands taking turns. Shows concern for younger siblings.
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Speech fluent and correct except for confusions of s/f/th/. Loves stories and acts them out in detail later. Gives age and (usually) birthday. Defines concrete nouns by use. Asks meanings of abstract words. [High frequency picture vocabulary or word lists, 3rd cube test, 6 sentences.]	Uses knife and fork. Washes and dries face and hands, but needs help and supervision, for rest. Undresses and dresses alone. General behaviour more sensible, controlled and independent. Serial domestic and dramatic play. Plans and builds constructively. Floor games very complicated. Chooses own friends. Co-operative with companions and understands need for rules and fair play. Appreciates meaning of clocktime in relation to daily programme. Protective towards younger children and pets.
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